

S. No. 2  
1-12-45  
5-17-39  
I X47070

FILED FEB 20 1947

State File No. \_\_\_\_\_

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 16

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kans. City, Mo.

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X

In this community 19 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kans. City, Mo.

(d) Street No. 1229 East 23rd Street

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH McCAFFREY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1947 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2-3-47 to 2-4-47

that I last saw her alive on 2-3-47 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles McCaffrey

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: Sept. 10 1881

8. AGE: Years 65 Months 4 Days 24 If less than one day X hr. X min.

Immediate cause of death Coronary Artery Disease

Due to Sen. Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 44A

Of autopsy \_\_\_\_\_

9. Birthplace Kentucky Kentucky

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER { 12. Name Timothy McDoald

13. Birthplace Ireland Ireland

14. Maiden name Anne Peweter

15. Birthplace Ireland Ireland

16. (a) Informant Loretta McCaffrey

(b) Address 1229 East 23rd N.K.C. Mo

17. (a) Burial (b) Date thereof 2/6/47

(c) Place: burial or cremation Platt City Cemetery

18. (a) Signature of funeral director Morton Smith's-F.H.

(b) Address 832 Armour Rd, North K.C. Mo.

19. (a) Feb 6 - 1947 (b) Bessie Kitchin

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? D

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Helen Long (M.D. or other) \_\_\_\_\_

Address No. Kansas St. W. Date signed 2-5-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-17-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Robert L. Lawrence, Registered Apprentice No. 447  
working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3922

P. O. Address North Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.